HEALTH DISPARITIES IN MINNEAPOLIS *Update*

minneapolis city of lakes

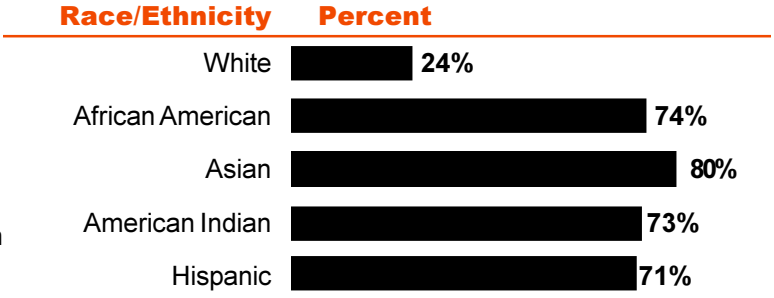
Minneapolis Department of Health and Family Support • August 2001

Health disparities continue to be a community challenge for Minneapolis. In some cases, populations of color experience adverse health conditions at a rate ten times higher than that of whites. However, recent trends project promising improvement in health status for populations of color in many indicators of health. In order for all Minneapolis residents to share fully in civic and economic opportunities of the community, health disparities must be eliminated. Strategies include addressing social and economic determinants of health, increasing the participation and leadership of people of color in health professions, and combating discrimination.

DISPARITY IN INCOME is a major contributor to health differences among racial groups. Health disparities among races persist at every level of income.

A commonly used estimate of children and families living in poverty is the number of students enrolled in the free and reduced-price lunch programs. Students in families with household incomes at or below 185% of federal poverty guidelines ($26,178 for a family of three in 2000) are eligible for these programs. Students of color in the Minneapolis School District are three times more likely than whites to be enrolled in the free and reduced-price lunch programs in Minneapolis Public Schools.

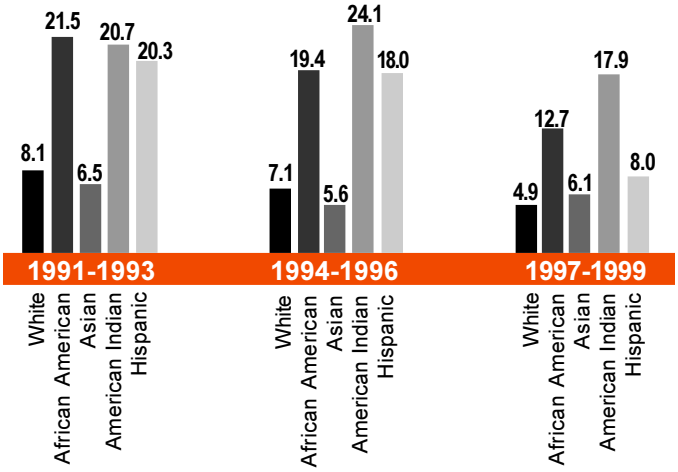
PERCENTAGE ENROLLED in Free and Reduced Price Lunch Programs in the Minneapolis School District, 2000-01 School Year (1)



Source: Minnesota Department of Children, Families and Learning

In Minneapolis, **INFANT MORTALITY** rates remain more than two and a half times higher in the African American community and more than three and a half times higher in the American Indian community than in the white community. Fortunately, many groups have had significant reductions in infant mortality during the 1990's.

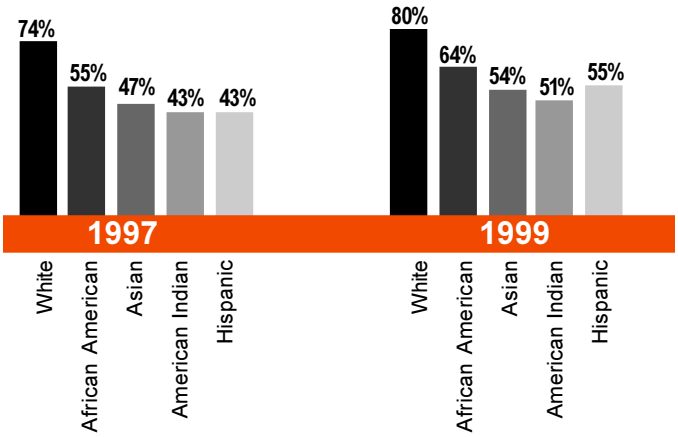
Minneapolis INFANT MORTALITY RATE per 1,000 Live Births



Source: Minneapolis Vital Statistics

PRENATAL CARE IN THE FIRST TRIMESTER is a recommended component of a healthy pregnancy. In Minneapolis, eight out of ten white women receive prenatal care in the first trimester while only about six out of ten African American women, and about five out of ten Asian, American Indian and Hispanic women do. In general, disparities in receiving timely prenatal care are worse in Minnesota than in the U.S.[2]

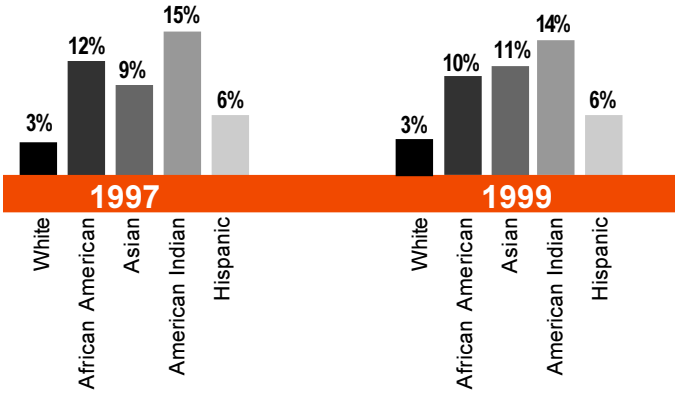
Percentage of MOTHERS RECEIVING PRENATAL CARE in the First Trimester



Source: Minneapolis Vital Statistics

There is a substantial difference in the proportions of **BIRTHS TO TEENS** among racial groups. In 1999, 14.3 percent of all American Indian births were to teens, 11.3 for Asians, 9.6 for African Americans, 5.7 for Hispanics and 2.6 for whites. From 1997 to 1999, these proportions remained relatively stable.

TEENAGE BIRTHS in Minneapolis (17 and under) by Race as a Percent of Total, 1997 and 1999



Source: Minneapolis Vital Statistics

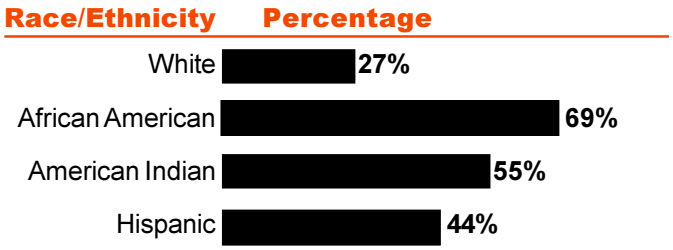
CHILDHOOD IMMUNIZATIONS protect against diseases such as measles, diphtheria, pertussis, polio, mumps and rubella that historically were leading causes of childhood sickness and death. The most recent data on childhood immunizations come from a Minnesota Department of Health retrospective study of the immunization records of children entering kindergarten, though efforts to build an immunization registry may eventually produce more current data. These records indicate that in contrast to 62% of white children being up-to-date at 24 months of age, no population of color had an immunization rate above 43%.

UP-TO-DATE IMMUNIZATIONS at 24 Months for Minneapolis, 1996-1997

Race/Ethnicity	Percentage Up-To-Date
White	62%
African American	43%
Asian	36%
American Indian	42%
Hispanic	29%

Source: MDHFS Minority Health Assessment

Percentage of DEATHS DUE TO HOMICIDE Among 15 to 24 Year-Olds in Minneapolis, 1994-1998

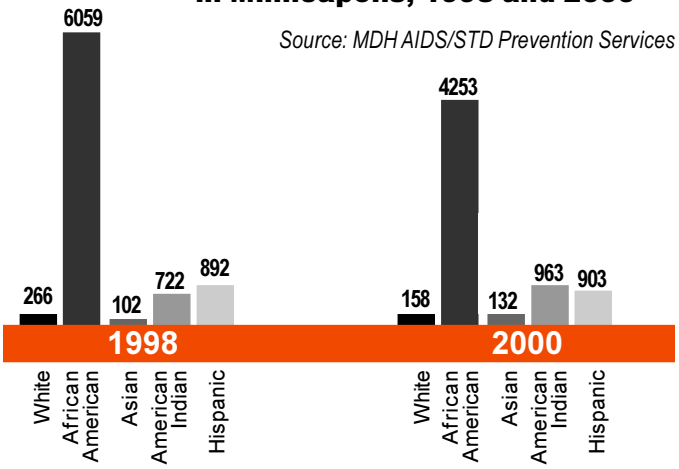


Source: MDHFS Minority Health Assessment

People aged 15 to 24 in Minneapolis are a physically healthy group, yet they suffer from high numbers of deaths due to **VIOLENCE**. Homicide is the leading cause of death for this age group among all races. Among whites in this age group, 27% of all deaths are due to homicide compared with 69% among African Americans, 55% among American Indians, and 44% among Hispanics.

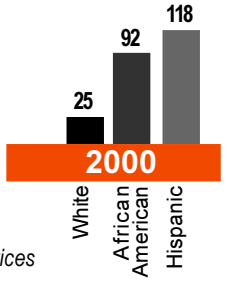
GONORRHEA RATE Per 100,000 Among 15 to 19 Year-Olds in Minneapolis, 1998 and 2000

Source: MDH AIDS/STD Prevention Services



Minneapolis has one of the highest rates of **SEXUALLY TRANSMITTED INFECTIONS (STI's)** in the U.S., especially in the African American population. The greatest disparities are found among adolescents aged 15-19, where African Americans experienced a rate of gonorrhea 27 times that of whites in 2000. However, the rate of gonorrhea among African American adolescents decreased 30 percent from 1998 to 2000.

HIV RATE per 100,000 for Minneapolis, 2000

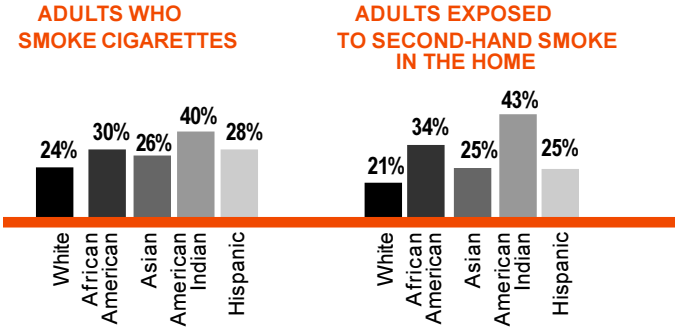


Source: MDH AIDS/STD Prevention Services

In 2000, the rate of **HIV INFECTION** in Minneapolis was highest among Hispanics, with a rate 4.5 times that of whites. The rate among African Americans was 3.7 times that of whites.

In contrast to **SMOKING** rates in the U.S. (which show no African American – white – Hispanic disparities), Minneapolis shows marked disparities in smoking among these groups. In addition, populations of color are more likely to be exposed to **SECONDHAND SMOKE** in their homes. Second-hand smoke exposure is associated with cancer, heart disease, respiratory disease including asthma, and Sudden Infant Death Syndrome (SIDS).

Minneapolis SMOKING and Exposure to SECONDHAND SMOKE, 1998



Source: SHAPE, 1998

An emerging health concern in Minneapolis is **TUBERCULOSIS (TB)**, a disease for which racial analysis is complicated by immigration. From 1995 to 2000, reported cases of active TB in Minneapolis increased 65 percent. Of the 81 new cases of TB disease reported during 2000, 84 percent affected foreign-born persons. In contrast, there were 49 new cases of TB disease in Minneapolis reported in 1995, and 57 percent were foreign-born persons[3].

Cases of active TB disease have been rising in Minneapolis throughout the 1990's due in part to increased immigration. Developing countries have higher rates of TB than does the U.S. Persons who have resided in these areas are therefore more likely to have acquired latent TB infection which, if untreated, will progress to active TB disease in 10 percent of cases.

Active TB can cause serious health complications, and be spread to others. Once diagnosed with TB disease, a patient must follow a treatment regimen consisting of multiple antibiotics that may take up to a year to complete. Strict compliance with this schedule is necessary to prevent antibiotic resistance. In 2000, 26% of new TB cases in Minnesota were antibiotic resistant.[4]

Nationally, the mortality rate from **CORONARY HEART DISEASE** among African Americans is 1.5 times that of whites. In Minneapolis, the rate of deaths due to heart disease is **twice** as high in the African American population as in the white population.

Age-Adjusted HEART DISEASE MORTALITY for Selected Cities, 1994

CITY	RACE	RATE PER 100,000
MINNEAPOLIS	White	101
	African American	213
ST. PAUL	White	117
	African American	199
CHICAGO	White	170
	African American	246
NEW YORK CITY	White	168
	African American	221
SAN FRANCISCO	White	130
	African American	223

Source: Big Cities Health Inventory, 1997[5]

Across Minneapolis, one in ten persons did not have current **HEALTH INSURANCE.** This rate varies widely among racial and ethnic groups. One in five African Americans (20%), and more than one in three Hispanics (35%) are without health insurance. There were insufficient data to report on Asian and American Indian rates for Minneapolis. However, the statewide rate of uninsurance for Asians was 7%, and the statewide rate for American Indians was 16%.

Minneapolis UNINSURANCE Rate, 2000

RACE/ETHNICITY	PERCENTAGE
White	7%
African American	20%
Asian	*Insufficient Data*
Native American	*Insufficient Data*
Hispanic	35%

Source: Minnesota Department of Health, Health Insurance Survey, 2001

Minneapolis Department of Health and Family Support

250 South 4th Street • Room 510
Minneapolis, MN 55415-1372

As a part of the effort to reduce health disparities, the Twin Cities Metro Minority Health Assessment Project conducted an analysis of existing data and developed recommendations for improving the health of populations of color in the metro area. Some of the information in this fact sheet comes from this project. Information about this project is available online at www.mncounties.org/metroplan/MinHealth.htm

In this fact sheet, Hispanic status is treated as an ethnicity, separate from race, in accordance with federal guidelines.

FOR MORE INFORMATION
CALL 612-673-2301, OR VISIT OUR WEBSITE
www.ci.minneapolis.mn.us/dhfs

RESOURCES AND NOTES

1. Data do not include Minneapolis alternative or charter schools.
2. Hennepin County Community Health Department; Minneapolis Department of Health and Family Support; Bloomington Division of Health; and the Cities of Richfield and Edina, Community Health Service: 2000-2003. Minneapolis, MN: 1999.
3. Minneapolis data are from the Minnesota Department of Health Acute Disease Epidemiology Division.
4. Minnesota Department of Health. Incidence, Prevalence, and Drug Resistance of Tuberculosis Disease by County, Minnesota, 2000. Available at URL: www.health.state.mn.us/divs/dpc/ades/tb/incidenceof.pdf
5. City of Chicago Department of Public Health, Big Cities Health Inventory, 1997: The Health of Urban USA. Chicago, IL: 1997.

Prepared by: Dave Johnson, MPH